

Return to:  
Department of Labor and Industries at:



# HARMED CONSUMER COMPLAINT FORM

**Please resubmit these questions with a copy of your contract, copies of canceled checks, advertising, and any documentation which pertains to this case.**

1. Your name	Home phone	Business phone
Home address	Business address	
City State ZIP	City Sate ZIP	
2. Suspect's name	Suspect's business name	
Business address	Home phone	
City State ZIP	Business phone	

3. How did you first learn of suspect? E.g., newspaper advertisement, friend, door-to-door solicitations, etc. Please send copies of any advertisements you may have.

4. Date entered contract	Location you entered in contract or agreement
Date work began	
5. Did the suspect at any time represent that he or she was a registered contractor? Send copies of any business cards that the suspect may have given you. <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Do you have any other pertinent information that may be helpful to us?

**ON THE BACK OF THIS PAGE, PLEASE EXPLAIN, IN DETAIL, YOUR ENTIRE COMPLAINT REGARDING YOUR TRANSACTION WITH THE CONTRACTOR. THIS WILL BE THE STATEMENT OF FACT. PLEASE BE AS SPECIFIC AS POSSIBLE.**

## STATEMENT OF FACT

Contractor's name

Complainant's name

**Please explain the complaint in detail:**

**How many employees were noted and what type of work did they do?**

Date

Signature